

2016 Notice of Intent to Gather Signatures for Candidacy

Printed Name (Print name exactly as it is to be printed on the official bath printed on the official b	
Printed Name (Print name exactly as it is to be printed on the official ballot)	
LEPUBLICAN	
Political Party	
STATE HOUSE	4
Office	District
Office 4701 North Stone HAVEN Loop LEHi Physical Address	ut 84043
Physical Address 358 South 700 EAST BH329 SAT Mailing Address	ARE City, UT 84102
80 (808 9328	
Telephone Number	
MibE BRENNY C gmail. com M Email Address Twitter I	C BRE NN Y
Email Address Twitter	Handle (optional)
I agree to file all campaign financial disclosure reports and I understand that failure to do so may result in possible fines and/or civil or criminal penalties. I understand that the filing officer will not begin verifying my petition signatures until I have submitted a sufficient number of verifiable signatures to meet the signature threshold. I understand that candidate petition packet submissions are verified in the same order as they are received by the filing officer. I have provided a valid email and I understand this will be used for official communications and updates from election officials. If no email is available I have provided a valid physical address. I understand this form is not a declaration of candidacy and I must declare candidacy, in-person, with the appropriate filing officer during the declaration of candidacy period (March 11, 2016 to March 17, 2016).	
	/ ,
Signature of Candidate	2/8/16
Signature of Candidate	Date
	FEB 8 PM 1:58
	AM/PM
Signature of Filing Officer	Date / Time Submitted